

Best Available Copy

CLAIMS ONLY						Application Number		Filing Date							
						Applicant(s)									
* May be used for additional claims or amendments															
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT										
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep						
1							51								
2							52								
3							53								
4							54								
5	1						55								
6		1					56								
7			1				57								
8				1			58								
9					1		59								
10						1	60								
11							61								
12							62								
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21		1					71								
22			1				72								
23				1			73								
24					1		74								
25						1	75								
26			1				76								
27				1			77								
28		1					78								
29							79								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
Total Indep							Total Indep								
Total Depend							Total Depend								
Total Claims							Total Claims								